OPERATING PROCEDURE

CARDIAC ARREST
ASYSTOLE

Effective Date: November 1, 1986

Revised: October 1, 2000

Approved By:

Approved By Operational Medical Director:

ALS ONLY

1. **Confirm Asystole in at least two leads. Ensure that electrodes and cables are properly connected. Ensure that the EKG documenting Asystole is either printed or captured into "Code Summary". If the rhythm is unclear and possibly Ventricular Fibrillation, use OP 6.3.07C.**

2. **Asystole has several possible causes, many of which may be treated by ALS providers in the pre-hospital setting. While carrying out this protocol, ALS providers should administer patient care while simultaneously searching for a possible cause of the arrest. Possible causes that can be identified and treated in the pre-hospital setting include (but are not limited to):**
   - ✓ **acidosis**
   - ✓ **tension pneumothorax**
   - ✓ **hypoxia**
   - ✓ **hypovolemia**
   - ✓ **hypoglycemia**
   - ✓ **hypothermia**
   - ✓ **drug overdose**

   Other causes may be difficult or impossible to detect/correct prior to transport to the hospital. If a treatable cause for the arrest is identified, the ALS provider should take corrective actions immediately. If no treated cause is identified, the protocol should be followed as directed.

DO NOT DELAY PATIENT CARE WHILE TRYING TO DETERMINE POSSIBLE CAUSE FOR THE ARREST

3. **Between each intervention, reassess patient and observe the EKG monitor for change in rhythm. Continue to perform lead checks throughout the resuscitation.**

4. **Intubate as soon as possible. Confirm ET tube placement.**

5. **Initiate emergency transcutaneous pacing as soon as possible.**

6. **Establish an IV of 0.9% Sodium Chloride as soon as possible. Start a second IV as time allows. If IV access can not be obtained, obtain IO access.**

7. **Administer EPINEPHRINE:**
   - **Adult: 1 mg 1:10,000 rapid IV/IO push every 3 to 5 minutes as needed.**
   - **If no IV or IO has been established, Administer EPINEPHRINE 1:1,000 2.5 mg ETT as outlined in OP 6.2.03.**
   - **If the patient does not respond to the 1 mg dose of EPINEPHRINE, consider increasing the dosage to 2 to 5 mg IV push every 3 to 5 minutes. A 30 mg vial of 1:1,000 EPINEPHRINE is recommended for this dosing regimen.**
   - **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**

8. **Administer ATROPINE:**
   - **Adult 1 mg rapid IV/IO push every 3 to 5 minutes as needed, not to exceed 0.03 to 0.04 mg/kg**
   - **If no IV or IO has been established, administer 2.0 mg ETT as outlined in OP 6.2.03.**
   - **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**

9. **Consider SODIUM BICARBONATE:**
   - **Adult: 1 mEq/kg IV push**
   - **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**

MEDICAL CONTROL ONLY

10. Consider termination of efforts